

Foster Family Home - Corrective Action Report

Provider ID: 1-170025

Home Name: Leonarda Balais, CNA

Review ID: 1-170025-3

94-616 Kahekea Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/11/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/11/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/11/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

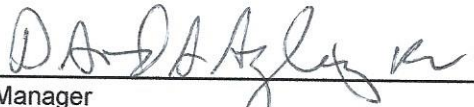
Personnel and Staffing


[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - TB clearance expired on 3/31/18 for CG #2. Not done as of 3/11/19.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: LEONARDA A. BALAIS

CCFFH Address: 94-616 Kahaloa St. Waiipahu HI 9679

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.6(2)	I received a current TB clearance from CG # 2 and placed in my CCFFH binder.	3/13/19	I have written out list of the expiration dates for the TB clearance for all caregivers and HHM's. I placed the list in the front of my CCFFH binder. I will renew it monthly.

Primary Caregiver's Signature: Leonarda A. Balais

Print Name: LEONARDA A. BALAIS

Date of Signature: 3/13/2019